



FORM OF OBJECTION TO CLASSIFICATION DECISION

ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED. FAILURE TO DO SO WILL RESULT IN THE BOA DENYING JURISDICTION ON THE APPEAL.

Filing Requirements - Sec. 70.995 (8)(c) Wis. Stats. requires a state prescribed objection form be filed with the State Board of Assessors with a **\$45 FILING FEE** payable to the Wisconsin Department of Revenue. An objection is not considered filed until the fee is paid. The fee is waived if a prior year appeal on the same property is pending per Sec. 70.995 (8)(c) and (d). A separate objection form and fee is required for each classification decision being appealed. Sec. 70.995 (8)(c)1 requires the appellant to provide the reason for the objection and the basis for the opinion. This information must be provided in Section 2 or Section 3 of prescribed objection form PA-130. Submit the original plus one copy of the state prescribed objection form, correspondence, and all supporting data. If this information is not included your objection will be denied.

Governing Body's Authorization – If the affected municipality is objecting to the classification decision, attach a dated copy of the governing body's authorization for filing the objection.

Agent Authorization - If an agent is working on behalf of the property owner or municipality, written authorization from the property owner or municipality must accompany the objection form.

Due Date - The objection form and fee must be filed with the State Board of Assessors within 60 days of the classification or classification denial letter. A postmark or delivery service ship date within 60 days of the date on the classification letter serves as evidence of timely filing.

Where To File - Send the objection form, **\$45 FILING FEE** and supporting data to:

Street Address:

Wisconsin Department of Revenue
State Board of Assessors
Mail Drop # 6-97
2135 Rimrock Road
Madison WI 53713

Mailing Address:

Wisconsin Department of Revenue
State Board of Assessors
Mail Drop # 6-97
PO Box 8971
Madison WI 53708-8971

Telephone Number: 608-266-1147



FORM OF OBJECTION TO CLASSIFICATION DECISION

BOA# _____ - _____ -C_____
(For Dept. Use Only)

SECTION 1: PROPERTY OWNER AND PROPERTY INFORMATION (ALL MUST BE COMPLETED)

Name of Property Owner:	IT IS REQUESTED THAT THIS OBJECTION BE REVIEWED	
Mailing Address:	Signature of Owner/Authorized Agent:	Date:
City, State & Zip Code:	Print Name and Title:	
Street Address of Property:	Mailing Address:	
Taxation District (Municipality):	City, State & Zip Code:	
County:	Telephone Number:	Fax Number:

SECTION 2: PROPERTY/BUSINESS OWNER COMPLETE THIS INFORMATION (ALL MUST BE COMPLETED)

Property Was Previously Classified as (Check What Applies): Manufacturing _____ Non-Manufacturing _____

Provide Date of Department of Revenue's Letter Determining Classification (Attach Two Copies of Letter): _____

Describe Business Activity, Final Product, Customers, and SIC (Standard Industrial Classification) Code (additional sheet should be used and attached if needed):

State How Property/Business Should be Classified and Why (additional sheet should be used and attached if needed) (Attach Two Copies of Supporting Documentation):

SECTION 3: MUNICIPALITY COMPLETE THIS INFORMATION (ALL MUST BE COMPLETED)

Property Was Previously Classified as (Check What Applies): Manufacturing _____ Non-Manufacturing _____

Provide Date of Department of Revenue's Letter Determining Classification (Attach Two Copies of Letter): _____

State How Property/Business Should be Classified and Why (additional sheet should be used and attached if needed) (Attach Two Copies of Supporting Documentation):

ATTACH TWO DATED COPIES OF THE GOVERNING BODY'S AUTHORIZATION FOR FILING THIS OBJECTION

SECTION 4: ALL APPELLANTS COMPLETE THIS INFORMATION (ALL MUST BE COMPLETED)

If you would like to discuss your objection informally prior to the State Board of Assessors action, please contact the district office where the property is located.

Sec. 70.995 (8)(c)2 allows you to submit additional information within 60 days of your appeal to the BOA to consider in reviewing the appeal. In order for the BOA to expedite the appeal process for you, answer the following questions:

Do you intend to submit supplemental information to support documentation provided in Section 2 or 3 to the BOA within 60 days of the appeal date? (circle one) **Yes** **No**

If Yes, when will the supplemental information be supplied? (date)_____